

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531002

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15		1				
16	1					
17	1					
18		2				
19	1					
20		1				
21		2				
22		2				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32	1					
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40	1					
41		1				
42	1					
43		3				
44		3				
45		3				
46		0				
47	1					
48	1					
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						